

AGENCY HIRING REQUEST

AGENCY INFORMATION

Agency name: _____ Agency code: _____

Agency authorized position level: _____ Number of positions currently filled: _____

Position Information

Role/work title: _____ Position number: _____

Annual salary and benefits: \$ _____ Funding sources: _____

Number of funded positions in same function: _____ Number of filled positions in same function: _____

Put an X where appropriate:

Position is: _____ Full-time _____ Part-time

Position is: _____ Salaried _____ Wage

Position is: _____ New _____ Vacant If vacant, how long vacant? _____

Position is: _____ Continuous recruitment If checked, no. of positions requested _____

Position is: _____ Direct service in public safety, patient care or public health

Why does the position need to be filled?

What alternatives have been considered?

What is the impact if the position is not filled?

SIGNATURE

There are adequate funds in the agency's budget to pay for both the short- and long-term impact of filling this position.

Agency head's signature

Date

CABINET SECRETARY ACTION

_____ Approved as requested

_____ Approved as modified: _____

_____ Denied

Secretary signature

Date